

Case Number:	CM14-0213152		
Date Assigned:	12/30/2014	Date of Injury:	12/06/1998
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56 year old female with the injury date of 12/06/98. Per physician's report 10/27/14, the patient has pain in her right shoulder and right wrist. The patient had injections on her right shoulder which helped her. The patient is scheduled to have her left thumb and little finger A-1 pulleys release next week for triggering. The patient is currently taking Naproxen, Soma and Norco. The patient is currently not working. "Naproxen is for its anti-inflammatory effects for her right shoulder, right wrist and left hand. Soma is for right parascapular tightness, spasm and to help normalize her sleep pattern. Norco is for breakthrough pain." The lists of diagnoses are: 1) Right shoulder pain 2) Right elbow pain 3) Left wrist pain. Per 10/17/14 progress report, the patient complains of left thumb pain. Her left little finger is missing. The lists of diagnoses are: 1) Pain in joint, shoulder pain 2) Cervicalgia 3) Trigger finger. Per 09/29/14 progress report, the patient states that "60-70% pain relief following the injection on shoulder." The patient takes Naproxen, Norco and Flexeril. The patient states "Soma works better." The utilization review denial letter 12/11/14 modified Norco to #20 and Soma #15 for the purpose of weaning. The utilization review determination being challenged is dated on 12/11/14. Treatment reports were provided from 08/20/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88, 89.

Decision rationale: The patient presents with pain and weakness in her right shoulder, right wrist and left hand. The request is for NORCO 5/325mg #50. The patient is currently taking Naproxen, Soma and Norco. The patient has been utilizing Norco since at least 8/20/14. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication other than the treater's request of Norco for breakthrough pain. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Furthermore, the utilization review denial letter 12/11/14 modified Norco to #20. The request of Norco #50 at this time IS NOT medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s):.

Decision rationale: The patient presents with pain and weakness in her right shoulder, right wrist and left hand. The request is for SOMA 350mg #30. The patient is currently taking Naproxen, Soma and Norco. The patient has been utilizing Soma since at least 09/29/14. MTUS guidelines page 29 do not recommend Soma (Carisoprodol). This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level). MTUS page 63-66 state, "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the patient has been utilizing this medication since at least 09/29/14. The treater does not explain that this is to be used for short-term. There is no discussion as to how it is working, except Soma works better

than flexeril. Furthermore, the utilization review denial letter 12/11/14 modified Soma to #15. Given that the MTUS guidelines only support a short-term use of this medication (2-3 weeks), the request of Soma #30 at this time IS NOT medically necessary.